

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 09/523,809-Conf. #6553	
	Filing Date March 13, 2000	
	First Named Inventor Michael Murphy	
	Title BIOENGINEERED TISSUE CONSTRUCTS AND METHODS FOR PRODUCING AND USING THEREOF	
	Art Unit 1633	
	Examiner Name S. Kaushal	
		Attorney Docket No. OGA-010.02

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25181

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

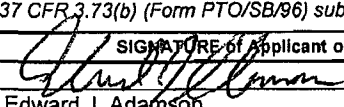
City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
	July 14 2009
Name	Telephone
Edward J. Adamson	(781) 401-1012
Title and Company Director, Intellectual Property & Contracts	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.